

Document Page 1 of 36  
**United States Bankruptcy Court**  
**Northern District of Illinois, Western Division**

**IN RE:**

Case No. \_\_\_\_\_

**Dietz, Amber**Chapter **7**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **630.00**

Prior to the filing of this statement I have received ..... \$ **630.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. ~~Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;~~
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

**Representation of the debtor at the meeting of creditors, exclusive of any adjourned hearings thereof.**  
**See attached Fees And Charges For A Chapter 7 Bankruptcy for additions**

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**See attached Fees And Charges For A Chapter 7 Bankruptcy for additions**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 30, 2007**

Date

**/s/ Marvin G. Ripley**

Signature of Attorney

**Marvin G. Ripley Attorney At Law**

Name of Law Firm

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Dietz, Amber**

Printed Name(s) of Debtor(s)

**X /s/ Amber Dietz**

Signature of Debtor

**8/30/2007**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

| <b>United States Bankruptcy Court</b><br><b>Northern District of Illinois, Western Division</b>  |  |   |   | <b>Voluntary Petition</b>   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--|---|---|---|--|---|---|--|--------------------------|--------------------------|--------------------------|---------------|---------------|----------------|--------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Dietz, Amber</b>  |  |   | Name of Joint Debtor (Spouse) (Last, First, Middle):  |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):<br><b>fka Amber McColley</b><br><b>fka Amber Mae McColley</b>  |  |   | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):   |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>6309</b>  |  |   | Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):   |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Street Address of Debtor (No. & Street, City, State & Zip Code):<br><b>15496 Springhill Road</b><br><b>Prophetstown, IL</b>  |  |   | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):  |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| ZIPCODE <b>61277</b>   |  |   | ZIPCODE   |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| County of Residence or of the Principal Place of Business:<br><b>Whiteside</b>   |  |   | County of Residence or of the Principal Place of Business:  |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Mailing Address of Debtor (if different from street address)   |  |   | Mailing Address of Joint Debtor (if different from street address):   |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| ZIPCODE  |  |   | ZIPCODE   |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Location of Principal Assets of Business Debtor (if different from street address above):  |  |   |   |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| ZIPCODE  |  |   |   |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check <b>one</b> box.)<br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)<br>_____   |  | <b>Nature of Business</b><br>(Check <b>one</b> box.)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other<br>_____<br><b>Tax-Exempt Entity</b><br>(Check box, if applicable.)<br><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). |   | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)<br><input checked="" type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding<br><br><b>Nature of Debts</b><br>(Check one box)<br><input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."<br><input type="checkbox"/> Debts are primarily business debts. |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><br><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><br><input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.   |  |   | <b>Chapter 11 Debtors:</b><br><b>Check one box:</b><br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><b>Check if:</b><br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000.<br>-----<br><b>Check all applicable boxes:</b><br><input type="checkbox"/> A plan is being filed with this petition<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Statistical/Administrative Information</b><br><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.   |  |   |   | <b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Estimated Number of Creditors<br><table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;">1-49</td><td style="text-align: center;">50-99</td><td style="text-align: center;">100-199</td><td style="text-align: center;">200-999</td><td style="text-align: center;">1,000-5,000</td><td style="text-align: center;">5,001-10,000</td><td style="text-align: center;">10,001-25,000</td><td style="text-align: center;">25,001-50,000</td><td style="text-align: center;">50,001-100,000</td><td style="text-align: center;">Over 100,000</td></tr><tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> |  |   |   |   |  | 1-49  | 50-99   | 100-199  | 200-999                  | 1,000-5,000              | 5,001-10,000             | 10,001-25,000 | 25,001-50,000 | 50,001-100,000 | Over 100,000 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-49   | 50-99  | 100-199   | 200-999   |   |  | 1,000-5,000                                       | 5,001-10,000  | 10,001-25,000                                    | 25,001-50,000            | 50,001-100,000           | Over 100,000             |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  | <input type="checkbox"/>                          | <input type="checkbox"/>                              | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Estimated Assets<br><table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/> \$0 to \$10,000</td><td style="text-align: center;"><input type="checkbox"/> \$10,000 to \$100,000</td><td style="text-align: center;"><input type="checkbox"/> \$100,000 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td></tr></table>  |  |   |   | <input checked="" type="checkbox"/> \$0 to \$10,000   | <input type="checkbox"/> \$10,000 to \$100,000 | <input type="checkbox"/> \$100,000 to \$1 million | <input type="checkbox"/> \$1 million to \$100 million | <input type="checkbox"/> More than \$100 million |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/> \$0 to \$10,000  | <input type="checkbox"/> \$10,000 to \$100,000 | <input type="checkbox"/> \$100,000 to \$1 million   | <input type="checkbox"/> \$1 million to \$100 million   | <input type="checkbox"/> More than \$100 million  |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Estimated Liabilities<br><table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,000 to \$100,000</td><td style="text-align: center;"><input type="checkbox"/> \$100,000 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td></tr></table>   |  |   |   | <input checked="" type="checkbox"/> \$0 to \$50,000   | <input type="checkbox"/> \$50,000 to \$100,000 | <input type="checkbox"/> \$100,000 to \$1 million | <input type="checkbox"/> \$1 million to \$100 million | <input type="checkbox"/> More than \$100 million |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,000 to \$100,000 | <input type="checkbox"/> \$100,000 to \$1 million   | <input type="checkbox"/> \$1 million to \$100 million   | <input type="checkbox"/> More than \$100 million  |  |   |   |  |                          |                          |                          |               |               |                |              |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |

|  |  |  |             |
|--|--|--|-------------|
| <b>Voluntary Petition</b><br>(This page must be completed and filed in every case)   |  | Name of Debtor(s):<br><b>Dietz, Amber</b>  |             |
| <b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than one, attach additional sheet)   |  |  |             |
| Location<br>Where Filed: <b>None</b>   |  | Case Number:   | Date Filed: |
| Location<br>Where Filed:   |  | Case Number:   | Date Filed: |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |  |  |             |
| Name of Debtor:<br><b>None</b>   |  | Case Number:   | Date Filed: |
| District:  |  | Relationship:  | Judge:      |
| <b>Exhibit A</b><br>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)<br><br><input type="checkbox"/> Exhibit A is attached and made a part of this petition.   |  | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts.)<br><br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.<br><br><div style="display: flex; justify-content: space-between;"><div><b>X /s/ Marvin G. Ripley</b><br/>Signature of Attorney for Debtor(s)</div><div><b>8/30/07</b><br/>Date</div></div> |             |
| <b>Exhibit C</b>   |  |  |             |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?<br><br><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No  |  |  |             |
| <b>Exhibit D</b>   |  |  |             |
| (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)<br><br><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.<br><br>If this is a joint petition:<br><br><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. |  |  |             |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box.)   |  |  |             |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.   |  |  |             |
| <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.   |  |  |             |
| <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.              |  |  |             |
| <b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes.)  |  |  |             |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)<br><br>_____<br>(Name of landlord or lessor that obtained judgment)<br><br>_____<br>(Address of landlord or lessor)  |  |  |             |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  |  |  |             |
| <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  |  |  |             |

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Dietz, Amber**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Amber Dietz

Signature of Debtor

**Amber Dietz**

X

Signature of Joint Debtor

**(815) 537-5508**

Telephone Number (If not represented by attorney)

**August 30, 2007**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

X

Printed Name of Foreign Representative

Date

**Signature of Attorney**

X /s/ Marvin G. Ripley

Signature of Attorney for Debtor(s)

**Marvin G. Ripley 2343401**

Printed Name of Attorney for Debtor(s)

**Marvin G. Ripley Attorney At Law**

Firm Name

**300 First Avenue, Suite 200**

Address

**Rock Falls, IL 61071**

**(815) 626-0200**

Telephone Number

**August 30, 2007**

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

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United States Bankruptcy Court  
Northern District of Illinois, Western Division

IN RE:

Dietz, Amber

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Amber Dietz

Date: August 30, 2007

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United States Bankruptcy Court  
Northern District of Illinois, Western Division

IN RE:

Case No. \_\_\_\_\_

Dietz, Amber

Chapter 7

Debtor(s)

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS      | LIABILITIES  | OTHER       |
|--|----------------------|---------------------|-------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 0.00     |              |             |
| B - Personal Property  | Yes                  | 2                   | \$ 5,065.00 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |             |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |             | \$ 3,000.00  |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |             | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 7                   |             | \$ 18,292.07 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |             |              |             |
| H - Codebtors  | Yes                  | 1                   |             |              |             |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 1                   |             |              | \$ 2,669.99 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 2                   |             |              | \$ 3,694.00 |
| TOTAL  |                      | 18                  | \$ 5,065.00 | \$ 21,292.07 |             |



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United States Bankruptcy Court  
Northern District of Illinois, Western Division

IN RE:

Case No. \_\_\_\_\_

Dietz, Amber

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount         |
|---|----------------|
| Domestic Support Obligations (from Schedule E)  | \$ 0.00        |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed) | \$ 0.00        |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)                          | \$ 0.00        |
| Student Loan Obligations (from Schedule F)  | \$ 0.00        |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E           | \$ 0.00        |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                   | \$ 0.00        |
| <b>TOTAL</b>  | <b>\$ 0.00</b> |

**State the following:**

|   |             |
|---|-------------|
| Average Income (from Schedule I, Line 16)   | \$ 2,669.99 |
| Average Expenses (from Schedule J, Line 18)   | \$ 3,694.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 ) | \$ 3,343.89 |

**State the following:**

|  |         |              |
|--|---------|--------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$ 0.00      |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |              |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$ 0.00      |
| 4. Total from Schedule F   |         | \$ 18,292.07 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$ 18,292.07 |



IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H" for Husband, "W" for Wife, "J" for Joint, or "C" for Community in the column labeled "HWJC." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | H<br>W<br>J<br>C | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|--------------------------------------|------------------|--|
| 1. Cash on hand.  |                  | <b>Cash</b>                          |                  | <b>60.00</b>   |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                                    | <b>X</b>         |                                      |                  |  |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   | <b>X</b>         |                                      |                  |  |
| 4. Household goods and furnishings, include audio, video, and computer equipment.   |                  | <b>Household goods</b>               |                  | <b>500.00</b>  |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.   | <b>X</b>         |                                      |                  |  |
| 6. Wearing apparel.   |                  | <b>Apparel</b>                       |                  | <b>200.00</b>  |
| 7. Furs and jewelry.  | <b>X</b>         |                                      |                  |  |
| 8. Firearms and sports, photographic, and other hobby equipment.  |                  | <b>Painting Supplies</b>             |                  | <b>150.00</b>  |
| 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | <b>X</b>         |                                      |                  |  |
| 10. Annuities. Itemize and name each issue.   | <b>X</b>         |                                      |                  |  |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(3). 11 U.S.C. § 521(c); Rule 1007(b)). | <b>X</b>         |                                      |                  |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.  | <b>X</b>         |                                      |                  |  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | <b>X</b>         |                                      |                  |  |
| 14. Interests in partnerships or joint ventures. Itemize.   | <b>X</b>         |                                      |                  |  |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.   | <b>X</b>         |                                      |                  |  |
| 16. Accounts receivable.  | <b>X</b>         |                                      |                  |  |

SCHEDULE B - PERSONAL PROPERTY

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | H<br>W<br>J<br>C | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|--------------------------------------|------------------|--|
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | <b>X</b>         |                                      |                  |  |
| 18. Other liquidated debts owing debtor including tax refunds. Give particulars.  | <b>X</b>         |                                      |                  |  |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.  | <b>X</b>         |                                      |                  |  |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <b>X</b>         |                                      |                  |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | <b>X</b>         |                                      |                  |  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | <b>X</b>         |                                      |                  |  |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | <b>X</b>         |                                      |                  |  |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) in customer lists or similar compilations provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <b>X</b>         |                                      |                  |  |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | <b>1997 Nissan Maxima</b>            |                  | <b>4,150.00</b>  |
| 26. Boats, motors, and accessories.   | <b>X</b>         |                                      |                  |  |
| 27. Aircraft and accessories.   | <b>X</b>         |                                      |                  |  |
| 28. Office equipment, furnishings, and supplies.  | <b>X</b>         |                                      |                  |  |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | <b>X</b>         |                                      |                  |  |
| 30. Inventory.  | <b>X</b>         |                                      |                  |  |
| 31. Animals.  |                  | <b>Dogs (2)</b>                      |                  | <b>5.00</b>  |
| 32. Crops - growing or harvested. Give particulars.   | <b>X</b>         |                                      |                  |  |
| 33. Farming equipment and implements.   | <b>X</b>         |                                      |                  |  |
| 34. Farm supplies, chemicals, and feed.   | <b>X</b>         |                                      |                  |  |
| 35. Other personal property of any kind not already listed. Itemize.  | <b>X</b>         |                                      |                  |  |
| <b>TOTAL</b>  |                  |                                      |                  | <b>5,065.00</b>  |

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

SCHEDULE B - PERSONAL PROPERTY



SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br><i>(See Instructions Above.)</i>   | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|---|---|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO.<br><b>Clinton Ford Mercury</b><br><b>2716 S. 19th Street</b><br><b>Clinton, IA 52732</b>  |   | <b>Purchase of a 1997 Nissan Maxima.</b>   |            |              |          | <b>3,000.00</b>   |                              |
|   |   | VALUE \$ <b>4,150.00</b>   |            |              |          |   |                              |
| ACCOUNT NO.   |   |  |            |              |          |   |                              |
|   |   | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO.   |   |  |            |              |          |   |                              |
|   |   | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO.   |   |  |            |              |          |   |                              |
|   |   | VALUE \$   |            |              |          |   |                              |
| Subtotal<br>(Total of this page)  |   |  |            |              |          | \$ <b>3,000.00</b>  | \$                           |
| Total<br>(Use only on last page of the completed Schedule D. Report also on<br>the Summary of Schedules, and if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |   |  |            |              |          | \$ <b>3,000.00</b>  | \$                           |

0 continuation sheets attached

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br><i>(See Instructions Above.)</i>   | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 5-5610-391310-15<br><br>Alliant Utilities<br>PO Box 77005<br>Madison, WI 53707  |   | Utility services: gas  |            |              |          | 285.00                |
| ACCOUNT NO.<br><br>CBE Group Inc.<br>PO Box 2547<br>3362 University Avenue<br>Waterloo, IA 50702  |   | Assignee or other notification for:<br>Alliant Utilities   |            |              |          |                       |
| ACCOUNT NO. 80006429<br><br>Allina Health System<br>PO Box 9114<br>Minneapolis, MN 55480  |   | For medical services.  |            |              |          | 105.60                |
| ACCOUNT NO. 55198782<br><br>Allina Hospitals & Clinics<br>Buffalo Hospital<br>PO Box 1391<br>Minneapolis, MN 55480  |   | For medical services.  |            |              |          | 829.65                |
| Subtotal<br>(Total of this page)  |   |  |            |              |          | \$ 1,220.25           |
| Total<br>(Use only on last page of the completed Schedule F. Report also on<br>the Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |   |  |            |              |          | \$                    |

6 continuation sheets attached



IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                                 | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>Consolidated Business Office</b><br><b>700 S. Tenth Avenue</b><br><b>Minneapolis, MN 55415</b>                         |   | <b>Assignee or other notification for:</b><br><b>Allina Hospitals &amp; Clinics</b>                |            |              |          |                       |
| ACCOUNT NO. <b>80031593</b><br><b>Allina Medical Clinic</b><br><b>PO Box 186</b><br><b>303 Catlin Street</b><br><b>Buffalo, MN 55313</b> |   | <b>For medical services.</b>   |            |              |          | <b>460.00</b>         |
| ACCOUNT NO.<br><b>Bemidji Ambulance, Inc.</b><br><b>512 Kay Avenue S.E.</b><br><b>Bemidji, MN 56601</b>                                  |   | <b>Emergency services.</b>   |            |              |          | <b>315.66</b>         |
| ACCOUNT NO. <b>65069494</b><br><b>Billings Clinic</b><br><b>PO Box 35100</b><br><b>Billings, MT 59107</b>                                |   | <b>For medical services.</b>   |            |              |          | <b>2,769.00</b>       |
| ACCOUNT NO.<br><b>OSI Collection Services, Inc.</b><br><b>7720 E Bellview, Plaza B</b><br><b>Greenwood Village, CO 80111</b>             |   | <b>Assignee or other notification for:</b><br><b>Billings Clinic</b>                               |            |              |          |                       |
| ACCOUNT NO. <b>81645475</b><br><b>Brainerd Medical Center, P.A.</b><br><b>2024 South Sixth Street</b><br><b>Brainerd, MN 56401</b>       |   | <b>For medical services</b>  |            |              |          | <b>301.49</b>         |
| ACCOUNT NO.<br><b>J.C. Christensen &amp; Associates, Inc.</b><br><b>PO Box 519</b><br><b>Sauk Rapids, MN 56379</b>                       |   | <b>Assignee or other notification for:</b><br><b>Brainerd Medical Center, P.A.</b>                 |            |              |          |                       |

Sheet no. 1 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,846.15**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>Buffalo Dental Center</b><br><b>102 Marty Drive</b><br><b>Buffalo, MN 55313</b>   |   | <b>For dental services.</b>  |            |              |          | <b>671.00</b>         |
| ACCOUNT NO. <b>9827</b><br><b>Chesser, Robert MD</b><br><b>PO Box 308</b><br><b>Orion, IL 61273</b>   |   | <b>For medical services.</b>   |            |              |          | <b>499.00</b>         |
| ACCOUNT NO.<br><b>Clinton Dental Associates PC</b><br><b>314 Third Avenue S</b><br><b>Clinton, IA 52732</b>   |   | <b>For dental services.</b>  |            |              |          | <b>355.00</b>         |
| ACCOUNT NO.<br><b>Clinton Urgent Care</b><br><b>108 South 4th Street</b><br><b>Clinton, IA 52732</b>  |   | <b>For medical services.</b>   |            |              |          | <b>120.00</b>         |
| ACCOUNT NO. <b>1320070</b><br><b>Consulting Radiologists, Ltd.</b><br><b>C/O Phoenix Management Systems, Inc.</b><br><b>PO Box 3972</b><br><b>Minneapolis, MN 55403</b> |   | <b>For medical services.</b>   |            |              |          | <b>55.77</b>          |
| ACCOUNT NO. <b>various</b><br><b>Gateway Medical Imaging</b><br><b>Billing Office</b><br><b>PO Box 2660</b><br><b>Waterloo, IA 50704</b>                                |   | <b>For medical services</b>  |            |              |          | <b>223.00</b>         |
| ACCOUNT NO.<br><b>CBE Group Inc.</b><br><b>PO Box 2547</b><br><b>3362 University Avenue</b><br><b>Waterloo, IA 50702</b>  |   | <b>Assignee or other notification for:</b><br><b>Gateway Medical Imaging</b>                       |            |              |          |                       |

Sheet no. 2 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,923.77**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                                     | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>SBB20213591</b><br><b>Heritage Emergency Physicians</b><br><b>PO Box 8147</b><br><b>Philadelphia, PA 19101</b>                |   | <b>For medical services</b>  |            |              |          | <b>135.00</b>         |
| ACCOUNT NO.<br><b>NCO Financial Systems Inc.</b><br><b>Pob 41457</b><br><b>Philadelphia, PA 19101</b>  |   | <b>Assignee or other notification for:</b><br><b>Heritage Emergency Physicians</b>                 |            |              |          |                       |
| ACCOUNT NO. <b>73236002-01</b><br><b>Illini Hospital</b><br><b>PO Box 417</b><br><b>East Moline, IL 61244</b>                                |   | <b>For medical services.</b>   |            |              |          | <b>439.25</b>         |
| ACCOUNT NO.<br><b>Integrity Mutual Insurance Company</b><br><b>PO Box 539</b><br><b>2121 East Capitol Drive</b><br><b>Appleton, WI 54912</b> |   | <b>Automobile insurance policy balance.</b>  |            |              |          | <b>14.00</b>          |
| ACCOUNT NO.<br><b>Low, Michael J., D.D.S</b><br><b>814 7th Avenue</b><br><b>Camanche, IA 52730</b>   |   | <b>For dental services.</b>  |            |              |          | <b>47.00</b>          |
| ACCOUNT NO.<br><b>MedCredit Financial Services</b><br><b>P Box 290126</b><br><b>Minneapolis, MN 55429</b>                                    |   | <b>Cash advance loan.</b>  |            |              |          | <b>460.00</b>         |
| ACCOUNT NO. <b>40016352</b><br><b>Medical Associates, PLC</b><br><b>915-13th Avenue North</b><br><b>Clinton, IA 52732</b>                    |   | <b>For medical services.</b>   |            |              |          | <b>220.00</b>         |

Sheet no. 3 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,315.25**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                          | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>various</b><br><b>Mercy Medical Center - Clinton</b><br><b>1410 N. Fourth Street</b><br><b>Clinton, IA 52732</b>   |   | <b>For medical services.</b>   |            |              |          | <b>1,161.00</b>       |
| ACCOUNT NO.<br><b>Tri State Adjustment Financial</b><br><b>440 Challenge Street</b><br><b>Freeport, IL 61032</b>                  |   | <b>Assignee or other notification for:</b><br><b>Mercy Medical Center - Clinton</b>                |            |              |          |                       |
| ACCOUNT NO. <b>91-09984</b><br><b>Meritcare Medical Group</b><br><b>PO Box 2168</b><br><b>Fargo, ND 58107</b>                     |   | <b>For medical services</b>  |            |              |          | <b>1,594.50</b>       |
| ACCOUNT NO.<br><b>Business Revenue Systems, Inc.</b><br><b>PO Box 13077</b><br><b>Des Moines, IA 50310</b>                        |   | <b>Assignee or other notification for:</b><br><b>Meritcare Medical Group</b>                       |            |              |          |                       |
| ACCOUNT NO. <b>9301515</b><br><b>Morrison Community Hospital</b><br><b>303 N. Jackson Street</b><br><b>Morrison, IL 61270</b>     |   | <b>For medical services</b>  |            |              |          | <b>52.00</b>          |
| ACCOUNT NO.<br><b>RRCA Accounts Management Inc.</b><br><b>312 Locust</b><br><b>Sterling, IL 61081</b>                             |   | <b>Assignee or other notification for:</b><br><b>Morrison Community Hospital</b>                   |            |              |          |                       |
| ACCOUNT NO. <b>02834349</b><br><b>North Country Regional Hospital</b><br><b>1100 38th Street N.W.</b><br><b>Bemidji, MN 56601</b> |   | <b>For medical services.</b>   |            |              |          | <b>1,317.00</b>       |

Sheet no. 4 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **4,124.50**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                                      | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>128637</b><br><b>Northern Radiology Consultants</b><br><b>4210 Hwy 71 No</b><br><b>Bemidji, MN 56601</b>                       |   | <b>For medical services.</b>   |            |              |          | <b>122.00</b>         |
| ACCOUNT NO. <b>043798-7</b><br><b>Otter Tail</b><br><b>PO Box 70</b><br><b>320 4th Street NW</b><br><b>Bemidji, MN 56619</b>                  |   | <b>Utility services: Electric</b>  |            |              |          | <b>146.25</b>         |
| ACCOUNT NO. <b>9711 1834 53</b><br><b>Peoples Natural Gas</b><br><b>PO Box 189</b><br><b>301 Second Street NW</b><br><b>Bemidji, MN 56619</b> |   | <b>Utility services: Gas</b>   |            |              |          | <b>30.57</b>          |
| ACCOUNT NO. <b>059358</b><br><b>Planned Parenthood Of MN/SD</b><br><b>PO Box 961</b><br><b>Bemidji, MN 56619</b>                              |   | <b>For medical services.</b>   |            |              |          | <b>105.85</b>         |
| ACCOUNT NO. <b>154080-1</b><br><b>Premium Credit Corp.</b><br><b>PO Box 750</b><br><b>Scottsdale, AZ 85252</b>                                |   | <b>Insurance premium balance.</b>  |            |              |          | <b>79.00</b>          |
| ACCOUNT NO. <b>1154543</b><br><b>Reliance Recoveries</b><br><b>PO Box 29227</b><br><b>Minneapolis, MN 55429</b>                               |   | <b>Collection accounts for Buffalo Hospital and Unity Hospital.</b>                                |            |              |          | <b>1,895.94</b>       |
| ACCOUNT NO. <b>80663</b><br><b>Sterling Federal Bank</b><br><b>110 E 4th Street</b><br><b>Sterling, IL 61081</b>                              |   | <b>Installment account opened 1/06</b>   |            |              |          | <b>2,709.00</b>       |

Sheet no. 5 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

**5,088.61**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                                     | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>166485</b><br><b>Sterling Rock Falls Clinic Ltd.</b><br><b>101 E. Miller Road</b><br><b>Sterling, IL 61081</b>                |   | <b>For medical services.</b>   |            |              |          | <b>245.97</b>         |
| ACCOUNT NO.<br><b>RRCA Accounts Management Inc.</b><br><b>312 Locust Street</b><br><b>Sterling, IL 61081</b>                                 |   | <b>Assignee or other notification for:</b><br><b>Sterling Rock Falls Clinic Ltd.</b>               |            |              |          |                       |
| ACCOUNT NO.<br><b>The Progressive Corporation</b><br><b>6300 Wilson Mills Road</b><br><b>Mayfield Village, OH 44143</b>                      |   | <b>Open account opened 10/04</b>   |            |              |          | <b>74.00</b>          |
| ACCOUNT NO.<br><b>NCO Financial Systems</b><br><b>Pob 41466</b><br><b>Philadelphia, PA 19101</b>   |   | <b>Assignee or other notification for:</b><br><b>The Progressive Corporation</b>                   |            |              |          |                       |
| ACCOUNT NO. <b>98-17697-4</b><br><b>University Of Iowa Hospitals &amp; Clinics</b><br><b>200 Hawkins Drive</b><br><b>Iowa City, IA 52242</b> |   | <b>For medical services.</b>   |            |              |          | <b>327.50</b>         |
| ACCOUNT NO.<br><b>Van Ru Credit Corporation</b><br><b>10024 Skokie Blvd., Ste 3</b><br><b>Skokie, IL 60077</b>                               |   | <b>Assignee or other notification for:</b><br><b>University Of Iowa Hospitals &amp; Clinics</b>    |            |              |          |                       |
| ACCOUNT NO. <b>218-755-1635</b><br><b>US West Communications</b><br><b>PO Box 1301</b><br><b>Minneapolis, MN 55483</b>                       |   | <b>For telephone services.</b>   |            |              |          | <b>126.07</b>         |

Sheet no. 6 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **773.54**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$ **18,292.07**

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST.<br>STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY.<br>STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
|   |  |

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |



SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

|  |                                     |                     |
|--|-------------------------------------|---------------------|
| Debtor's Marital Status<br><b>Married</b>  | DEPENDENTS OF DEBTOR AND SPOUSE     |                     |
|  | RELATIONSHIP(S):<br><b>Daughter</b> | AGE(S):<br><b>9</b> |
| EMPLOYMENT: DEBTOR   |                                     | SPOUSE              |
| Occupation<br><b>Bartender</b><br>Name of Employer<br><b>Square One</b><br>How long employed<br><b>6 Months</b><br>Address of Employer<br><b>Prophetstown IL 61277</b> |                                     |                     |

|  |                    |                    |
|--|--------------------|--------------------|
| <b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)  | DEBTOR             | SPOUSE             |
| 1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)  | \$ <b>147.90</b>   | \$ <b>3,466.67</b> |
| 2. Estimated monthly overtime  | \$                 | \$                 |
| <b>3. SUBTOTAL</b>   | <b>\$ 147.90</b>   | <b>\$ 3,466.67</b> |
| 4. LESS PAYROLL DEDUCTIONS   |                    |                    |
| a. Payroll taxes and Social Security   | \$ <b>15.73</b>    | \$ <b>928.85</b>   |
| b. Insurance   | \$                 | \$                 |
| c. Union dues  | \$                 | \$                 |
| d. Other (specify)   | \$                 | \$                 |
| <b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>   | <b>\$ 15.73</b>    | <b>\$ 928.85</b>   |
| <b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>  | <b>\$ 132.17</b>   | <b>\$ 2,537.82</b> |
| 7. Regular income from operation of business or profession or farm (attach detailed statement)   | \$                 | \$                 |
| 8. Income from real property   | \$                 | \$                 |
| 9. Interest and dividends  | \$                 | \$                 |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above                     | \$                 | \$                 |
| 11. Social Security or other government assistance (Specify)   | \$                 | \$                 |
| 12. Pension or retirement income   | \$                 | \$                 |
| 13. Other monthly income (Specify)   | \$                 | \$                 |
| <b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>  | <b>\$</b>          | <b>\$</b>          |
| <b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)  | <b>\$ 132.17</b>   | <b>\$ 2,537.82</b> |
| <b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15) | <b>\$ 2,669.99</b> |                    |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

|   |             |
|---|-------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$ 1,022.00 |
| a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>                               |             |
| b. Is property insurance included? Yes No <input checked="" type="checkbox"/>                               |             |
| 2. Utilities:   |             |
| a. Electricity and heating fuel   | \$ 259.00   |
| b. Water and sewer  | \$          |
| c. Telephone  | \$ 40.00    |
| d. Other See Schedule Attached  | \$ 214.00   |
| 3. Home maintenance (repairs and upkeep)  | \$ 40.00    |
| 4. Food   | \$ 550.00   |
| 5. Clothing   | \$ 100.00   |
| 6. Laundry and dry cleaning   | \$ 30.00    |
| 7. Medical and dental expenses  | \$ 42.00    |
| 8. Transportation (not including car payments)  | \$ 440.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$ 50.00    |
| 10. Charitable contributions  | \$          |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |             |
| a. Homeowner’s or renter’s  | \$ 33.00    |
| b. Life   | \$ 50.00    |
| c. Health   | \$          |
| d. Auto   | \$ 216.00   |
| e. Other  | \$          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   |             |
| (Specify)   | \$          |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) |             |
| a. Auto   | \$ 344.00   |
| b. Other  | \$          |
| 14. Alimony, maintenance, and support paid to others  | \$ 204.00   |
| 15. Payments for support of additional dependents not living at your home                                   | \$ 50.00    |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$          |
| 17. Other Incidentals   | \$ 10.00    |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 3,694.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
Debtor’s spouse rents the residence in which debtor resides from his parents. However, he is also involved in a real estate exchange with his parents. Debtor has no ownership interest in the residence or the exchanged real estate.

|  |              |
|--|--------------|
| 20. STATEMENT OF MONTHLY NET INCOME                  |              |
| a. Average monthly income from Line 15 of Schedule I | \$ 2,669.99  |
| b. Average monthly expenses from Line 18 above       | \$ 3,694.00  |
| c. Monthly net income (a. minus b.)                  | \$ -1,024.01 |

IN RE Dietz, Amber

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

Other Utilities (DEBTOR)

**Cellular Phone**

**110.00**

**Dish Network**

**54.00**

**Internet**

**50.00**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: August 30, 2007 Signature: /s/ Amber Dietz  
Amber Dietz Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

\_\_\_\_\_  
Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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United States Bankruptcy Court  
Northern District of Illinois, Western Division

IN RE:

Dietz, Amber

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT    | SOURCE                         |
|-----------|--------------------------------|
| 12,859.25 | 2005 - Ammons Landing          |
| 5,710.75  | 2006 - Ammons Landing          |
| 432.00    | 2006 - Ottens Enterprise Inc.  |
| 46.63     | 2006 - Rock River Country Club |
| 821.96    | 2006 - Square One              |
| 261.26    | 2007 - Square One              |

2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE  
**Marvin G. Ripley**  
**Attorney At Law**

DATE OF PAYMENT, NAME OF  
PAYOR IF OTHER THAN DEBTOR  
**27 April 2007**

AMOUNT OF MONEY OR DESCRIPTION  
AND VALUE OF PROPERTY  
**959.00**

300 First Avenue, Suite 200  
Rock Falls, IL 61071

Deposit towards filing fee and retainer.

#### 10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS                                     | NAME USED | DATES OF OCCUPANCY |
|---|-----------|--------------------|
| 429 4TH AVE N., CLINTON IA 52732            | McColley  |                    |
| 15496 SPRINGHILL RD., PROPHETSTOWN IL 61277 | McColley  |                    |

#### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.
- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.
- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.
- If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.
- If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: August 30, 2007 Signature /s/ Amber Dietz  
of Debtor Amber Dietz

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ 0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.



Document Page 33 of 36  
**United States Bankruptcy Court**  
**Northern District of Illinois, Western Division**

**IN RE:**

Case No. \_\_\_\_\_

**Dietz, Amber**Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

| Description of Secured Property | Creditor's Name             | Property will be Surrendered | Property is claimed as exempt | Property will be redeemed pursuant to 11 U.S.C. § 722 | Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c) |
|---------------------------------|-----------------------------|------------------------------|-------------------------------|---|--|
| <b>1997 Nissan Maxima</b>       | <b>Clinton Ford Mercury</b> |                              |                               |   | ✓  |

| Description of Leased Property | Lessor's Name | Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A) |
|--------------------------------|---------------|--|
|                                |               |  |

**08/30/2007****/s/ Amber Dietz**

Date

**Amber Dietz**

Debtor

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

Document Page 34 of 36  
United States Bankruptcy Court  
Northern District of Illinois, Western Division

IN RE:

Case No. \_\_\_\_\_

Dietz, Amber

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 46

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 30, 2007

/s/ Amber Dietz

Debtor

\_\_\_\_\_  
Joint Debtor

Dietz, Amber  
15496 Springhill Road  
Prophetstown, IL 61277

Business Revenue Systems, Inc.  
PO Box 13077  
Des Moines, IA 50310

Illini Hospital  
PO Box 417  
East Moline, IL 61244

Marvin G. Ripley  
Attorney At Law  
300 First Avenue, Suite 200  
Rock Falls, IL 61071

CBE Group Inc.  
PO Box 2547  
3362 University Avenue  
Waterloo, IA 50702

Integrity Mutual Insurance Company  
PO Box 539  
2121 East Capitol Drive  
Appleton, WI 54912

Alliant Utilities  
PO Box 77005  
Madison, WI 53707

Chesser, Robert MD  
PO Box 308  
Orion, IL 61273

J.C. Christensen & Associates, Inc.  
PO Box 519  
Sauk Rapids, MN 56379

Allina Health System  
PO Box 9114  
Minneapolis, MN 55480

Clinton Dental Associates PC  
314 Third Avenue S  
Clinton, IA 52732

Low, Michael J., D.D.S  
814 7th Avenue  
Camanche, IA 52730

Allina Hospitals & Clinics  
Buffalo Hospital  
PO Box 1391  
Minneapolis, MN 55480

Clinton Ford Mercury  
2716 S. 19th Street  
Clinton, IA 52732

MedCredit Financial Services  
P Box 290126  
Minneapolis, MN 55429

Allina Medical Clinic  
PO Box 186  
303 Catlin Street  
Buffalo, MN 55313

Clinton Urgent Care  
108 South 4th Street  
Clinton, IA 52732

Medical Associates, PLC  
915-13th Avenue North  
Clinton, IA 52732

Bemidji Ambulance, Inc.  
512 Kay Avenue S.E.  
Bemidji, MN 56601

Consolidated Business Office  
700 S. Tenth Avenue  
Minneapolis, MN 55415

Mercy Medical Center - Clinton  
1410 N. Fourth Street  
Clinton, IA 52732

Billings Clinic  
PO Box 35100  
Billings, MT 59107

Consulting Radiologists, Ltd.  
C/O Phoenix Management Systems, Inc.  
PO Box 3972  
Minneapolis, MN 55403

Meritcare Medical Group  
PO Box 2168  
Fargo, ND 58107

Brainerd Medical Center, P.A.  
2024 South Sixth Street  
Brainerd, MN 56401

Gateway Medical Imaging  
Billing Office  
PO Box 2660  
Waterloo, IA 50704

Morrison Community Hospital  
303 N. Jackson Street  
Morrison, IL 61270

Buffalo Dental Center  
102 Marty Drive  
Buffalo, MN 55313

Heritage Emergency Physicians  
PO Box 8147  
Philadelphia, PA 19101

NCO Financial Systems  
Pob 41466  
Philadelphia, PA 19101

NCO Financial Systems Inc.  
Pob 41457  
Philadelphia, PA 19101

RRCA Accounts Management Inc.  
312 Locust  
Sterling, IL 61081

North Country Regional Hospital  
1100 38th Street N.W.  
Bemidji, MN 56601

Sterling Federal Bank  
110 E 4th Street  
Sterling, IL 61081

Northern Radiology Consultants  
4210 Hwy 71 No  
Bemidji, MN 56601

Sterling Rock Falls Clinic Ltd.  
101 E. Miller Road  
Sterling, IL 61081

OSI Collection Services, Inc.  
7720 E Bellview, Plaza B  
Greenwood Village, CO 80111

The Progressive Corporation  
6300 Wilson Mills Road  
Mayfield Village, OH 44143

Otter Tail  
PO Box 70  
320 4th Street NW  
Bemidji, MN 56619

Tri State Adjustment Financial  
440 Challenge Street  
Freeport, IL 61032

Peoples Natural Gas  
PO Box 189  
301 Second Street NW  
Bemidji, MN 56619

University Of Iowa Hospitals & Clinics  
200 Hawkins Drive  
Iowa City, IA 52242

Planned Parenthood Of MN/SD  
PO Box 961  
Bemidji, MN 56619

US West Communications  
PO Box 1301  
Minneapolis, MN 55483

Premium Credit Corp.  
PO Box 750  
Scottsdale, AZ 85252

Van Ru Credit Corporation  
10024 Skokie Blvd., Ste 3  
Skokie, IL 60077

Reliance Recoveries  
PO Box 29227  
Minneapolis, MN 55429

RRCA Accounts Management Inc.  
312 Locust Street  
Sterling, IL 61081